EXHIBIT E

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Número de Evidencia de Reclamación: 71643 Reclamante: MORLAES PEREZ, WANDA I.

JUN 28 2021

INFORMACIÓN SOLICITADA PARA PROCESAR SU RECLAMACIÓN

Instrucciones

Responda las cuatro (4) preguntas y sub-preguntas aplicables. Incluya el mayor nivel de detalle posible en sus respuestas. Sus respuestas deben proporcionar más información de la que se incluye en la evidencia de reclamación inicial. A modo de ejemplo, si usted escribió previamente como fundamento de su reclamación "Ley 96," tenga a bien explicar ahora en qué leyes específicas pretende basar su reclamación, el año en que se aprobó la ley en cuestión, y cómo y por qué cree que esta ley en particular constituye un fundamento para su reclamación. Asimismo, si estuviera disponible y fuera aplicable a su reclamación, proporcione:

- Copia de un escrito inicial, como por ejemplo una Demanda o Respuesta;
- Una sentencia o acuerdo de conciliación sin pagar;
- Notificación por escrito de su intención de radicar una reclamación con constancia de envío por correo;
- Toda documentación que, a su juicio, fundamente su reclamación.

Envie el formulario completado y documentos de apoyo por correo electrónico a PRClaimsInfo@primeclerk.com, o por correo postal o entrega en mano a la siguiente dirección:

Por Correo	Entrega en Mano o Service de Correo Postal de 24 Horas
Commonwealth of Puerto Rico Supplemental	Commonwealth of Puerto Rico Supplemental
Information Processing Center	Information Processing Center
c/o Prime Clerk, LLC	c/o Prime Clerk LLC
Grand Central Station, PO Box 4708	850 Third Avenue, Suite 412
New York, NY 10163-4708	Brooklyn, NY 11232

Cuestionario

1. ¿Cuál es el fundamento de su reclamación?

Una acción legal pendiente de resolución o concluida con el gobierno de Puerto Rico o en contra de este

- Empleo actual o anterior en el gobierno de Puerto Rico
- Otro (indique con el mayor nivel de detalle. Adjunte páginas adicionales de ser necesario.)

2.	¿Cuál es el monto de su	reclamación	(cuánto dinero	reclama	que se le adeudal:
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Número de Evidencia de Reclamación: 71643 Reclamante: MORLAES PEREZ, WANDA L. WEFTALI Med	der Donimi
3. Empleo. ¿Su reclamo se relaciona con un empleo actual o anterior en el gobierno de Puerto Rico? No. Pase a la Pregunta 4.	
St. Responda preguntas 3(a) (d). 3(a). Identifique el organismo o departamento específico en el que trabaja o trab De PT - Qe LA FAM \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	사람들은 아이를 가는 것이 없는 것이 없는 것이 없다.
3(c). Últimos cuatro dígitos de su número de seguro social: 2321	
3(d). Cuál es la naturaleza de sus reclamaciones de empleo (seleccione todo lo	que sea
aplicable):	
✓ Salarios impagos	
Días por enfermedad	
□ Queja con el sindicato	
n Vacaciones	
D. Otro (Proporcione el mayor nivel de detalle posible. Adjunte página	s adicionales de
ser necesario).	with the state of

4. Acción legal. ¿Su reclamación se relaciona con una acción judicial ya c	errada o
pendiente de resolución?	
Si. Responda Preguntas 4(a)-(f).	and the second s
4(1). Identifique el departamento o agencia que es parte de esta acción.	
alling Internal	CC.2018-0
4(b). Identifique el nombre y la dirección del tribunal o agencia donde la acción	n està pendiente
de resolución: COMISION Apelitiva (COSP) NUM	y sayke mo
supt de la familia a RV y A D Musson	20 16-05-1340
4(c). Número de caso: WUM SUPREMO CC.	2018-02/0
4(d). Título, epigrafe, o nombre del caso:	1. Intan
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Número de Evidencia de Reclamación 71643 Reclamante MORIAES PEREZ, WANDA I. 4(e), Estado del caso (pendiente de resolución, en apelación, o cerrado): Manual de Andreacon of en applación
4(1) (Tiene usted una sentencia impaga? Si/Na (Marque una) De ser así, ¿cuál es la fecha y el monto de la sentencia?

de Mayo de 2017 \$150,000.00

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Proporcione todos los documentos que respaldan sus respuestas a estas solicitudes de información en relación con su Reclamo Designado. Usted DEBE enviar la totalidad de dicha información y documentación a Proskauer Rose.

DEVUELVA SU AVISO COMPLETADO Y CUALQUIER INFORMACIÓN SUPLEMENTARIA EN UNA CONTRAOFERTA PARA EL MIERCOLES, 26 DE MAYO DE 2021 A LA SIGUIENTE DIRECCIÓN:

Brian Rosen, Esq. Proskauer Rose LLP Eleven Times Square New York, NY 10036

> [Firma del Representate Autorizado del Reclamante Designado]

olez Wohles [Nombre en letra de molde]

[Nota: Agregue líneas adicionales para la firma según sea necesario.]

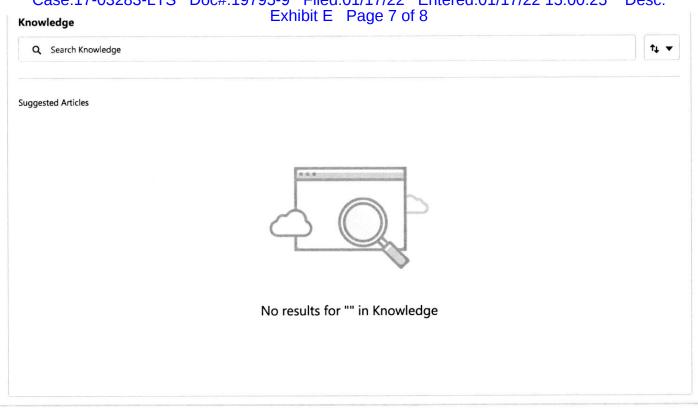
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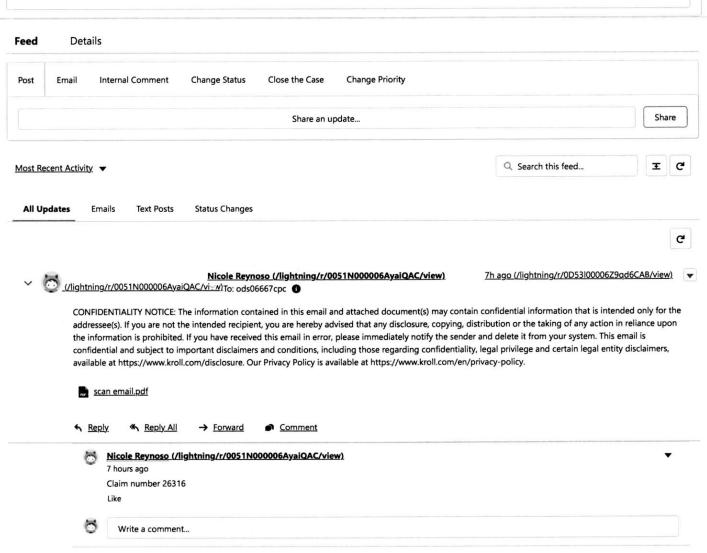
Por: Ivonne Yonzalez Monales
[Nombre en letra de moide]

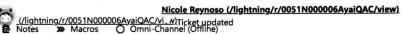
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Status: New
Ticket Number: 00901115
Company Name: PR Claims Info
Contact Name: ods06667cpc
Contact Phone: Y NOTICE:
Ticket Owner: Tiffany Reynoso

Comment

